EFFECTIVENESS OF TASK SHIFTING APPROACH IN SCHOOL SETTING

SHORT SYNOPSIS

Submitted in partial fulfillment of the requirement of the degree of

DOCTOR OF PHILOSOPHY

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by

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Certificate

I hereby declare that the short synopsis "Effectiveness of Task Shifting Approach in School Setting" being submitted in partial fulfillment of the requirement for the degree of Doctor of Philosophy in Psychology under Faculty of Behavioral Sciences of Manav Rachna International Institute of Research & Studies, Faridabad during the academic year 2019-2020

It is a bona fide record of original work carried out under the supervision of Dr. Chavi Bhargawa Sharma and has not been submitted in full or part to any other university or institute for degree or diploma. Further, it is certified that short synopsis is plagiarism free and proof has been submitted.

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ABSTRACT

The prevalence of mental health problems amongst children and young adults is an increasing global concern. Schools are in the position of prominence for encouraging mental health and overall well-being through applying interventions with empirical evidences. Provision of mental health services within schools can authorize an integrative care that advances both mental health and educational achievement for children. To fortify this continuum, and also to support the best possible development of a child, restructuring of educational system and mental health services in schools is imperative. For this to happen, application of evidence-based practices is desired. This study focuses on task shifting and providing professional knowledge to school teachers helping them identify and also provide classroom intervention for children with Externalizing disorders such as Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder and Conduct Disorder. Research evidence has shown a number of techniques and strategies that teachers, students and school staff imply contribute to more effective behaviour of children in the classroom.

Key words: Children and Adolescent, school-based intervention techniques, Externalizing disorders

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INTRODUCTION

10–20% of children and young adults across the globe suffer from mental health problems and this has been mounting. Moreover, it has been estimated that approximately 50% of people who develop disorders tend to experience them prior to age 15 (O'Reilly, 2018). Being one of the most densely inhabited country in the world with more than 434 million population of children and young adults which makes it highest in the globe (Hossain & Purohit, 2019). At any given point, about 50 million children in India go through mental health disorders, if the adolescent population is considered here the number will rise. Researchers in Lucknow assessed the widespread presence of child and adolescent mental problems as 12.1%, whereas disorder specific prevalence was 1.78% for conduct disorders, and 1.26% for developmental disorders (Hossain &Purohit, 2019).

Psychiatric morbidity in children can be multi-factorial. Major life-events tend to have an impact on child and adolescent's mental health similar to adults. Though, in prospective researches it has been found that chronic strains and daily stressors play a greater role than major life events in the development of psychological and behavioural issues among children and adolescents (Compas, 1987).

Childhood behavioural problems are the predominant reason of disease burden in young children who are between the age group of 10years to 14 years and it is the eleventh leading cause among older adolescents falling between the age group 15 years to 19 years. In childhood behavioural disorders the leading and most commonly found ones are attention deficit hyperactivity disorder (main characteristics are: lack of attention or focus, overactivity and behaviour disregards any consequences, which otherwise are not appropriate for a person's age), and Conduct Disorder (with symptoms characterized by destructive or challenging behaviour). According to the World Health Organization (2016) childhood problem behaviours can disturb adolescent life and education resulting in criminal behaviour.

Studies have shown that childhood onset of mental disorders when untreated makes them vulnerable to other mental health disorders like substance use disorders, mood disorders, anxiety disorders and personality disorders and progress to deficits in adulthood such as educational and vocational disadvantage, social isolation, increased criminal activities, economic burden (Mannuzza et al., 1993; Westerman, 2003; Rowling, 2009 & Koning et al., 2010).

1.1 Mental Health Issues in School Going Children

Children spend maximum time in the school environment so in order to address the child's psychological concerns, it is vital to concentrate on the promotion of knowledge to teachers about mental health issues in children and training them with intervention techniques, with schools being well-placed to deliver.

According to studies, high psychiatric morbidity has been found in children at schools than children in the community (Malhotra et al., 2009; Malhotra and Patra, 2014). School-going children can be one such target group to provide the needed services. Western studies have focused on school-based mental health services and proved the effectiveness of it (Hoagwood, 1997; Armbruster, 1999; Kline, 2012). It can be advantageous to provide services in school as it reaches more population, there is easy accessibility, reduces stigma, is more cost-effective, utilization of teachers in the treatment plan, wider scope and options to implement interventions and follow-up. Goyal et al., (2009) in their research found that the prevalence of Depression in adolescent population and found that 18.4% of children were depressed from a sample of 125 students. In another interesting study conducted by Headley, (2011) investigated in his study the skills of primary school teachers to identify children having anxiety related symptoms and further refer them for treatment.

Children tend to undergo various biological, social and emotional changes during their developmental period and face different types of stressors and those who aren't able to achieve the age-appropriate skills in order to handle the stressors they fall back in their developmental cycle leading to various mental health issues. Proper care and guidance need to be given to children to acquire skills and help them to become a productive grownup.

1.2 Teachers Knowledge and Attitude towards School Mental Health Problems

In the recent past, studies particularly in developing countries have been done to assess the awareness and knowledge among the teachers, parents and children about mental health. Review of these studies indicated awareness and knowledge was minimal about psychological problems of children among the teachers (Smal, 2003; Bella, 2011; Mendonsa, 2013).

According to Weist and Murray (2007) it is vital to train and involve a wide range of people from school in order to bring in the desired change and to generate a cultural shift in the educational system. This is followed in many countries in the west, where participation of numerous people is imperative for effective mental health promotion programmes conducted in schools.

Though the value of psychological wellbeing is now recognized in the recent times among children and young adults, for their balanced emotional, social, physical, cognitive, and educational development. Also, there is now increasing validation on the benefits of interventions to enhance their resilience, promote mental health and treat mental health illnesses.

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Several attempts have been made such as conducting workshops and lectures, providing information to teachers, suggesting teachers to be more supportive to children who exhibit behaviour and emotional problems in managing the problems. Later phase of development involved placing a counsellor at schools to address the psychological problems of children. Due to lack of trained professionals placed at schools, the identifying, assessing and intervening various childhood and adolescent problems are not done effectively leading to more time, energy and resources by teachers, parents, children and school personnel where the problem is still being maintained.

In India, the CBSE board has now made it mandatory that a well-equipped and a trained and certified psychologist shall be appointed to address and cater the needs of school going children. The Indian School Psychology Association which was initiated in 2009 has suggested the need for research scholars to conduct researches in school psychology services. To cater to the needs of larger population and keeping in mind dearth of availability of human resources, an approach on Task-Shifting was proposed by WHO (2008). Task-shifting at schools involves redistributing professional responsibilities to teachers through training in identifying and providing intervention to the problems of children at school settings. The intervention involves shared responsibility by both parents and teachers. This can definitely be advantageous for both as

teachers and parents gradually become equipped in dealing the mental health issues in turn enhancing the teacher-child and parent-child interactions. This present study focuses on the effectiveness of 'Task-shifting' Approach in schools in urban setting. It will involve training teachers in school mental health issues, identifying problem behaviours and providing interventions using techniques adapted for the school setting.

LITERATURE REVIEW

An Overview of Externalizing Disorders in School Going Children and Young Adults

With a growing population of 1.236 billion, India is the second most densely populated country in the world (Hossain& Purohit 2019). The percentage of children attending schools in rural setup has drastically increased due to nationwide policy on providing education to all. According to the Annual Status of Education Report 2014, 96.7% of children aged 6-14years are enrolled in schools. With larger proportion of child and adolescent population in India, with growing unmet needs of children having emotional and adjustment problems, a very large proportionate of children are developing mental illnesses.

Research has shown interest in this population to know the prevalence of mental illnesses. Various studies have been conducted on child and adolescent mental health since decades in India. Many school based, as well as community-based studies have been conducted and found that the prevalence rates of mental illness are increasing and various factors contribute to it such as genetic, disability, neglect, trauma, parental psychopathology, peer rejection, skill deficits, academic stressors. A study was conducted to know the psychosocial correlates of mental health problems among adolescents of 10-17years of age by Arumugum, et al., (2013) and found that female gender, younger age, socio-economic status being higher, disturbed family environment (fights among parents, parental abuse), sibling rivalry, unhealthy environment present at the school (physical or verbal fights with friends or being punished physically by teachers) was associated with mental health problems.

A review on the studies carried out worldwide indicates high prevalence rates. Vincente et al., (2012) studied prevalence rates in Chile between the age group of 4-18years. Out of 1558

sample, the prevalence rate was 22.5% out of which 19.3% for boys and 25.8% for girls. The prevalence among the age group of 4 years–11years was greater in comparison with adolescents who fall between the age group of 12–18 years (27.8% and 16.5%, respectively).

In Albania, Shala & Dhamo (2013) studied the prevalence of behavioural and emotional problems among preschoolers of age 2-5years. It was found that the prevalence of total problems was around 2.9%, externalizing behaviour problems were 2.5%, while the internalizing behaviour problems were more prevalent with 3.8%. There was no difference in mean scores of boys and girls. Dodangi et al., (2014) studied among Iranian children and adolescents. Among 379 children and adolescents aged 6-18years the prevalence was found to be 24.4%. The most common disorder was attention deficit hyperactivity disorder (11.9%) and then Generalized Anxiety Disorder (11.3%), Social Phobia (6.2%), and Separation Anxiety Disorder (6.2%). There was no significant difference between two sex and age groups except Enuresis. Qu et al., (2015) in China found the prevalence as 19.13% in 6- 16year old school students and reported high in boys in relation to girls.

Goodman et al., (2018) in a study done on Lithuanian sample compared to western European countries found that most frequent group of disorder among adolescents were Conduct disorders and anxiety disorder. Nair et al., (2017) in a study in Gujrat found that 15% of the students involving adolescent boys and girls from grade 9^{th} to 12^{th} harbor mental health problems.

In some community prevalence studies, the ratio of boys having ADHD has been found more than girls showing a ratio of 2-3:1, though in administrative prevalence studies the ratio of girls has consistently been found greater than boys showing that there is less identification of ADHD in girls (Willcutt, 2012). In a study conducted in UK in the year 2010 to 2012 concluded that ADHD in boys is found to be diagnosed five times more than the girls and research conducted in Germany based on diagnosis and prescription data found a 3 to 4 times higher administrative prevalence in males than females (O'Leary et al., 2014). Researchers in the UK, using prescriptions data, amongst children below the age of 19 years, found that the prevalence rate of ADHD had increased during the period between the year 1992 and 2001 in terms of male to female ratio (Hsia & Maclennan, 2009). Many other researches from the United States, European countries like Switzerland, the Netherlands and Sweden (Janols, L. O et al., 2009) have found a swifter increase in females than males. Together, these researches propose that the earlier higher prevalence rate

of ADHD which was usually found in boys but that, now ADHD prescriptions have increased for girls in recent times. (Hodgkins, P et al., 2011).

DESCRIPTION Of THE BROAD AREA

As human resources are scarce in developing or under-developed countries, the WHO has proposed an approach called “Task-shifting” which involves redistribution of tasks from trained professionals to those who have less expertise and training with fewer qualification, to mitigate the shortage.

Several developing countries are now resorting to this approach to tie over the shortage of human resources in various domains including mental health services at school setting. Task shifting in mental health delivery at school level involves redistributing the responsibilities of mental health care delivery from professionals/trained personnel (such as psychologists/ counsellors/special educators/health workers etc.) to school teachers.

Task-shifting approach however will encompass, but not limited to, the following:

1. Modifying the psychological interventions appropriately to be delivered by school teachers.
2. Sensitizing teachers about Externalizing Disorders found in children and young adults.
3. Focusing on preventive and curative aspects of the Externalizing Disorders.
4. Training of teachers in identifying and conceptualizing the problem behaviour and empowering and motivating them to become partner in the management of problem behaviour.
5. Provision of sufficient consultation and support to the teachers so that they will be able to implement the intervention with fidelity.
6. Improving alliance between school and family (parent and teacher) and make both the party partners with equal responsibility for tackling problem behaviours.

7. Including the school management and impressing them to be flexible in framing and implementing school policies and supporting mental health initiatives in school context.

OBJECTIVES OF THE STUDY

Rationale:

1. Task shifting approach will help bridge the gap between required and available number of professionals and also enhance children's academic performance and improve teacher-child relationship.
2. Early identification and intervention by teachers will provide a gateway to school success and a healthier path for children with problem behaviours.
3. Availability of a Clinical Psychologist in school can ensure the availability of service for a long term and enhance the treatment adherence.
4. Collaborating with teachers and helping them create classroom environments that promote positive behaviours and also allow them to identify students with problem behaviours early, before their problems interfere with functioning in the classroom.
5. Training parents in a group setting within the school premises and strong home and school alliance, this will help remove the barrier of stigma associated with services offered in mental health settings.

Objective:

- Getting an insight on how children’s problems are attended and resolved routinely in school.
- Involving the teachers and management together to address child's psychological needs

- Disseminating the professional knowledge through conduct of problem-focused workshop, interactive sessions and one-on-one based professional guidance and support.
- Assessing the identified children with ADHD, ODD, and Conduct Disorder, independently and using therapeutic interventions
- Involving the teachers and parents in the implementation of the intervention plan
- Delivering professional training and skill building programs for teachers intermittently

METHODOLOGY

Huang et al., (2014) has implemented the Task-shifting approach in Sub-Saharan Africa (SSA) for meeting the requirements of children in school. The “Parent Corps”, an evidence-based approach was employed for training to enhance teachers knowledge, their motivation and capacity to make use of an intervention program and for creating positive interactions between parent and a child and of course better teacher and a child relationship ensuing more meaningful educational, developmental and health care benefits for children, especially for those who are behaviourally deregulated (for example impulsive type or problems with inattention).Though, the final analysis of the outcome of the study is yet to be available, the initial findings indicated the approach to be useful in augmenting the human resource in school mental health delivery. In this backdrop, the current study aims to assess the effectiveness of 'Task shifting' (WHO, 2008) approach in schools mental health care delivery in an urban setting.

Research Design

This study will follow an experimental research design. It is an intervention-based research.

Sample

Purposive random sampling technique will be used to collect the sample. The study will be conducted in Delhi, National Capital Region.

Sample Size: 30 teachers in control Group and 30 teachers in experimental group.

English medium primary and secondary school teachers in Delhi, NCR

- Inclusion criteria:

- Teachers with minimum education of B.Ed.

Tools:

1. Socio-Demographic Data including teachers name, age, gender, educational qualification
2. Strengths and Difficulties Questionnaire (SDQ): Teachers Form (Goodman, 1997)

   The SDQ examines 25 attributes, which are divided between 5 scales as below:

   1. Emotional problems
   2. Conduct problems
   3. Hyperactivity and inattention
   4. Peer relationship problems
   5. Prosocial behaviours (Excluded from Total Difficulties score)

2. A total difficulties score is calculated using the SDQ, which ranges from 0-40. Each 1point increase in the total difficulties score corresponds with an increase in the risk of developing a mental health disorder. Youth in Mind authors have categorized the child's scores in three categories; average, slightly above average, high or very high.

3. The reliability of the SDQ can be defined as satisfactory. Test-retest stability of the SDQ is also satisfactory (Stone et al., 2010)

4. Structured interview for Teachers Attitude and Knowledge About Externalizing Disorders:

The Structured interview will be conducted twice. First, before the classroom training provided to the teachers and then post training.

The structured interview has 17 questions with Yes/ No options that will be conducted before that training and 18 questions with Yes/No options for post training.

5. Training manual:

A training manual is developed to provide knowledge for teachers concerning the nature of the problems of school going children from Primary to Secondary, the common manifestation of various behavioural problems and routine management of these problems by the teachers.

Procedure:

Schools in Delhi will be contacted. After seeking permission from the school authorities, the training sessions will be conducted for the teachers explaining the objective of the project, and expected benefits to the children and to teachers. A structured interview will be conducted prior to the training program. The training programme will include a power point presentation of causes, signs and symptoms, common manifestations in the classroom setting, common co- morbidities, impact, role of teachers and parents in the management, importance of collaboration and preventive strategies for ADHD ODD and CD. The second structured interview will be conducted after the training session. The screening tool (Strengths and Difficulties Questionnaire Teachers Form) for identifying the problem behaviour of children in classroom setting will be introduced to the teachers in a group session. Teachers will refer any child scoring positive on any items of the scale. The researcher after discussing with the teacher, will interview the child and assess clinically the problem behaviour. In this process the parents of the child will also be involved. Intervention will be provided for a year and teachers will assess the children after 1 year of intervention on Strengths and Difficulties questionnaire.

Data Analysis:

The data collected from the respondents will be analysed through the latest version on SPSS package. Suitable parametric techniques will be used to analyse the data. Research finding will be added to the thesis to make conclusion of the research and to give the suggestive outcome.

Expected Outcome of the Study

To meet the challenge of prevention and early intervention of childhood problem behaviours it is essential to make sure that there is a thorough understanding of teachers understanding of every child's behaviour. Teachers often face difficulty in managing children in the classroom who exhibit problem behaviours. It is because of the lack of awareness and skills about the classroom management that are required to be used in the classroom. A meta-analysis was conducted to recognize and understand the efficacy of different types of classroom interventions that can be useful for teachers to apply in classrooms and help them to reduce the disruptive behaviours that occur in those settings. They found that classroom interventions tend to reduce the disruptive behaviour symptoms that occur in the classroom setting. In the same study they also concluded that classroom interventions benefited children's behavioural and academic outcomes (Gaastra et al., 2016).

The expected outcome of the current study is that by providing school teachers with knowledge and understanding about Externalizing disorders and training them with the professional behavioural techniques, identification of the ADHD, ODD and CD will be easier. While Teachers will also be able to use behaviour techniques in the classroom and help children improve their impulsive behaviour, increase their attention span and focus, have better peer relations and also improve other problem behaviours that occur in the classroom.

This approach i.e. Task shifting will also bridge the gap between required and available number of professionals and also enhance children's academic performance and improve teacher-child relationship. Task shifting approach is expected promote positive attitudes towards mental health care services among children and adolescents when they are offered in part with their routine educational services.

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